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APPLICANTS

Carroll H. Morgan, Taylors, SC;

** CONTINUING DATA ****

This application is a CIP of 10/368,127 02/18/2003 ABN *[Signature]*

** FOREIGN APPLICATIONS ****

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** 05/31/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Signature]</i>	SC			
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS

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TITLE

Emergency identification pouch with DNA source specimen

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other
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